

Consent to Intimate Examinations and Procedures Policy

Sample policy template. This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

Statutory anchor: Regulation 11 (need for consent), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 10 (dignity and respect), Regulation 12 (safe care and treatment), Regulation 13 (safeguarding service users from abuse and improper treatment), and the Mental Capacity Act 2005.

Primary source: <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/11> **Last reviewed:** 2026-06-10 **Verivius pack version:** v1, 2026-06-10

Policy owner: Registered Manager. **Applies to:** all clinicians, practitioners, chaperones, staff, agency staff, contractors and visiting professionals involved in intimate, sensitive or potentially distressing examinations, procedures or care.

1. What the regulation says

Care and treatment of service users must only be provided with the consent of the relevant person. (Reg 11(1): the headline duty)

Regulation 10 adds the dignity-and-respect duty that this policy also operationalises:

Service users must be treated with dignity and respect. (Regulation 10(1))

The full text is at <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/11> and <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/10>. Where this policy and the regulation diverge, the regulation wins.

2. Plain-English summary

You can only provide care or treatment with the consent of the relevant person. If the service user is 16 or over and lacks capacity, follow the Mental Capacity Act 2005. If Parts 4 or 4A of the Mental Health Act 1983 apply, follow that instead. Section 5 of the MCA (acts done in

connection with care or treatment) still applies underneath. For intimate, sensitive or distressing examinations and procedures, this means consent must be valid, informed and voluntary, and the person's dignity, privacy and right to refuse or stop must be protected throughout.

3. Purpose

The purpose of this policy is to make sure that people using [Service Name] give valid, informed and voluntary consent before any intimate examination, intimate procedure or sensitive care is provided.

Intimate examinations and procedures can affect a person's dignity, privacy, bodily autonomy, trust and sense of safety. The service must make sure that people understand what is proposed, why it is needed, what it involves, what alternatives exist, what risks are relevant, and that they may refuse or stop the examination or procedure.

This policy supports Regulation 11 need for consent, Regulation 10 dignity and respect, Regulation 12 safe care and treatment, Regulation 13 safeguarding, the Mental Capacity Act 2005 and relevant professional standards.

4. Policy warning

An intimate examination or procedure must not take place unless valid consent has been obtained, or there is a lawful basis for proceeding where the person lacks capacity.

Consent must not be assumed because the person attended the appointment, entered the room, undressed, remained silent, did not object, or has had the same procedure before.

The person must be able to pause, refuse or withdraw consent at any time. If consent is withdrawn, or the person appears distressed, resistant or unsure, the examination or procedure must stop unless there is an immediate and lawful emergency reason to continue.

5. Scope

This policy applies to:

- intimate examinations
- intimate procedures
- examinations involving breasts, genitalia, rectum or other intimate areas
- gynaecological examinations
- urological examinations
- rectal examinations
- breast examinations

- sexual health examinations
- dermatology examinations of intimate areas
- intimate photography
- intimate care where consent is required
- procedures requiring removal of clothing
- examinations or procedures that the person may reasonably experience as intrusive, embarrassing, distressing or sensitive

It applies to adults, children and young people, and to people who may lack capacity for the decision.

6. Definitions

An intimate examination is any examination of breasts, genitalia, rectum or other intimate areas, or any examination the person may reasonably experience as intimate or sensitive.

An intimate procedure is any procedure involving intimate areas, exposure, touch, photography, instrumentation or intervention that may affect privacy, dignity or bodily autonomy.

Valid consent means consent that is given voluntarily, by a person with capacity for the decision, after receiving enough information in a way they can understand.

A chaperone is a trained person present to support the person, observe the process, protect dignity and provide a safeguard for the person and practitioner.

7. Principles

The service will make sure that:

- consent is obtained before intimate examinations and procedures
- information is given in plain language
- risks, benefits, alternatives and consequences of refusal are explained where relevant
- the person has time to ask questions
- communication needs are met
- privacy and dignity are protected
- chaperones are offered where appropriate
- refusal is respected
- distress, resistance or uncertainty is taken seriously
- consent is recorded
- capacity and best-interests processes are followed where needed

8. Information before consent

Before asking for consent, the practitioner must explain:

- why the examination or procedure is proposed
- what will happen
- which part of the body will be examined or exposed
- whether touch, equipment, photography or samples are involved
- who will be present
- whether a chaperone is offered or recommended
- expected benefits
- material risks and discomforts
- reasonable alternatives
- what may happen if the person declines
- that the person can stop the examination or procedure at any time

The explanation must be given by a person with enough knowledge to answer questions.

9. Communication needs

The service must support the person to understand the information.

This may include:

- using plain language
- interpreter
- translated information
- easy-read information
- visual aids
- communication aids
- advocate
- extra time
- involvement of family or representative where appropriate and lawful

Staff must not rely on family members to interpret sensitive information unless this is appropriate, safe and the person agrees.

10. Voluntary consent

Consent must be free from pressure, coercion or manipulation.

Staff must not pressure a person by:

- implying care will be withdrawn if they refuse
- making them feel difficult or unreasonable
- rushing them
- ignoring hesitation
- using authority or fear to secure agreement
- continuing after withdrawal of consent
- treating previous consent as consent for a new procedure

Where the person appears unsure, the practitioner must pause and check understanding and willingness.

11. Right to refuse or stop

The person has the right to refuse an intimate examination or procedure.

The person also has the right to stop once the examination or procedure has started.

If the person refuses or withdraws consent, staff must:

- stop the examination or procedure
- check whether the person is safe
- explain any clinical or care implications
- offer alternatives where available
- record the refusal or withdrawal
- seek further advice where risk is significant

Refusal must not be treated as a behaviour problem.

12. Chaperone offer

A chaperone must be offered where an intimate examination or procedure is proposed, unless the service has a clear and documented reason why the offer is not required for that type of interaction.

The record must show:

- that a chaperone was offered
- whether the person accepted or declined
- name and role of chaperone if present

- reason if examination proceeded without a chaperone where one would normally be expected

The Chaperone Policy must be followed.

13. Children and young people

For children and young people, the practitioner must consider:

- age and maturity
- ability to understand the examination or procedure
- whether the young person can consent for themselves
- parental responsibility
- safeguarding risk
- the young person's wishes and feelings
- need for a chaperone
- need for parent, carer or advocate involvement
- whether the examination can be delayed
- whether specialist advice is needed

If a child or young person refuses, appears distressed or does not understand, the practitioner must stop and reassess unless there is an immediate emergency requiring lawful action.

Any safeguarding concern must be escalated without delay.

14. Adults who may lack capacity

Where there is reason to doubt an adult's capacity to consent to the intimate examination or procedure, the Mental Capacity Act process must be followed.

The record must show:

- the specific decision
- capacity assessment
- how the person was supported to decide
- whether the person lacks capacity for that decision
- who was consulted
- best-interests decision
- less restrictive options considered
- whether the examination or procedure is necessary
- whether the person objects or appears distressed

- whether a chaperone was present
- review or follow-up required

A person who lacks capacity must still be involved as far as possible. Staff must pay attention to verbal and non-verbal signs of objection, discomfort or distress.

15. Intimate photography and images

Intimate or sensitive images must only be taken where there is a clear clinical, care or governance reason and valid consent has been obtained, unless another lawful basis clearly applies.

The person must be told:

- why the image is needed
- what will be photographed
- who will take the image
- where it will be stored
- who may see it
- whether it may be shared
- how long it will be kept
- whether refusal affects care or treatment

Images must be stored securely and must not be kept on personal devices.

16. Emergencies

In an emergency, treatment may be required where a person cannot give consent and delay would place them at serious risk.

The practitioner must act within the law, professional standards and the person's best interests.

The record must explain:

- why it was an emergency
- why consent could not be obtained
- what action was taken
- why it was necessary
- who was involved
- what happened afterwards
- who was informed

Emergency action must not be used to justify poor planning for routine intimate examinations or procedures.

17. Recording consent

The record must include:

- information given
- questions asked
- consent given
- consent refused or withdrawn
- chaperone offer and decision
- capacity concerns
- best-interests decision where relevant
- communication support used
- name and role of practitioner
- date and time
- any distress, objection or concern
- outcome of examination or procedure

For higher-risk procedures, written consent may be required. Written consent does not replace the discussion.

18. Concerns and escalation

Staff must escalate immediately where:

- an examination appears inappropriate
- consent is unclear
- the person appears distressed or pressured
- the practitioner continues after withdrawal of consent
- a child or adult at risk may be harmed
- professional boundaries may have been breached
- intimate images are taken or stored improperly
- the record does not match what happened

Escalation may include incident reporting, safeguarding referral, complaint process, professional-regulator referral, police contact or CQC notification consideration.

19. Staff training

Staff involved in intimate examinations or procedures must receive training appropriate to their role on:

- consent
- communication
- capacity
- best interests
- chaperones
- dignity and privacy
- safeguarding
- children and young people
- professional boundaries
- record keeping
- responding to refusal or distress
- intimate photography where relevant

Training must be recorded.

20. Audit

The Registered Manager must audit consent records for intimate examinations and procedures at least annually, or more often where the service frequently undertakes this work.

The audit must check:

- consent recorded
- risks and alternatives explained
- chaperone offered
- refusal or withdrawal respected
- capacity considered where needed
- best-interests records completed
- intimate images handled correctly
- records complete
- concerns escalated

Findings must be actioned through governance.

21. Related policies

This policy should be read with:

- Consent Policy
- Chaperone Policy
- Dignity and Respect Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Mental Capacity Act Policy
- Record Keeping Policy
- Data Protection and Confidentiality Policy
- Professional Boundaries and Conduct Policy
- Incident Reporting, Investigation and Learning Policy
- Complaints Policy

22. Review

This policy will be reviewed annually, or sooner following a complaint, safeguarding concern, professional-regulatory concern, incident, CQC finding, legal change or change in service model.

23. Sources and further reading

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- CQC Regulation 11: Need for consent
- CQC Regulation 10: Dignity and respect
- GMC: Decision making and consent
- GMC: Intimate examinations and chaperones
- Mental Capacity Act 2005 (<https://www.legislation.gov.uk/ukpga/2005/9>)
- MCA Code of Practice (2007, update in consultation)
- Human Rights Act 1998 (<https://www.legislation.gov.uk/ukpga/1998/42>)
- Working Together to Safeguard Children 2026 (for children and young people)
- Local authority safeguarding adults procedures

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<https://www.legislation.gov.uk/uksi/2014/2936/regulation/11>)

24. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

25. Document control

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Initial sample template, conformed to the Verivius policy standard.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.